

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 576194

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		X			
2		1				
3		2				
4		①				
5		①				
6	1					
7		①				
8		①				
9		①				
10		①				
11		①				
12			1			
13				1		
14				1		
15				1		
16				1		
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18				1		
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50						
TOTAL IND.	2	↓	2	↓		↓
TOTAL DEP.	10	←	8	←		←
TOTAL CLAIMS	12		10			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						